



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/22/97

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD981559149

FACILITY NAME -> ALCOA PLT - FORMER

MAILING ADDRESS -> 700 RIVER RD
EDGEWATER, NJ 07020

INSTALLATION ADDRESS -> 700 RIVER RD
EDGEWATER, NJ 07020

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: DAIBES PE, AMIR J
PROJ MANAGER
ALCOA PLT - FORMER
725 RIVER RD
EDGEWATER, NJ 07020

State of New Jersey
Department of Environmental Protection and Energy
Manifest Section
CN 421, 401 East State Street
Trenton, New Jersey 08625-0421

U.S. EPA
AGENCY RO II

94 DEC -8 PM 12: 52

"Request to Deactivate EPA ID Number"

EPA ID No. NJD 981559149

Company Name: A. P. New Jersey, Inc.

Site Address: 700 River Road Edgewater
(street) (city / town)
New Jersey 07020
(state) (zip code) (lot) (block)

Mailing Address: 1501 Alcoa Building Pittsburgh
(street / p.o. box) (city / town)
Pennsylvania 15219
(state) (zip code)

Company Contact: Ewald J. Dollhopf, III 412-337-4594
(name) (area code and phone number)

Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

☒ The EPA ID number was obtained for a one time cleanup which is completed.

☐ The site has completed an ECRA cleanup (indicate ECRA Case # _____).

☐ Other _____

Is the site presently occupied? (circle yes or no)

Sign and date the application below, and retain the last page (pink copy) for your records.

Ewald J. Dollhopf, III
(printed name)

Ewald J. Dollhopf
(signature)

Resident Contact
(title)
412-337-4594

November 21, 1994
(date)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White - Manifest Section
Yellow - USEPA Region II
Pink - Applicant

110 12/13/94 L/R - LN4



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

10/26/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD981559149

FACILITY NAME -> A P NEW JERSEY INC

MAILING ADDRESS -> 700 RIVER RD
EDGEWATER, NJ 07020

INSTALLATION ADDRESS -> 700 RIVER RD
EDGEWATER, NJ 07020

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: DOLLHOPF, EWALD
RESP CONTACT
A P NEW JERSEY INC
100 TECHNICAL DR
ALCOA CENTER, PA 15069-0001

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)92 APR 13 PM 12:37
EPA ADMINISTRATION

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. First Notification

☐B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NSD 981559149

II. Name of Installation (Include company and specific site name)

A P N E W J E R S E Y I N C

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

7 0 0 R I V E R R O A D

Street (continued)

City or Town

E D G E W A T E R

State

N J

ZIP Code

0 7 0 2 0 -

County Code

0 2

County Name

B E R G E N

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

D O L L H O P F

(first)

E W A L D

Job Title

R E S P O N D E N T C O N T A C T

Phone Number (area code and number)

4 1 2 - 3 3 7 - 4 5 9 4

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing☐☒

B. Street or P.O. Box

1 0 0 T E C H N I C A L D R I V E

City or Town

A L C O A C E N T E R

State

P A

ZIP Code

1 5 0 6 9 - 0 0 0 1

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

A P N E W J E R S E Y I N C

Street, P.O. Box, or Route Number

1 5 0 1 A L C O A B U I L D I N G

City or Town

P I T T S B U R G H

State

P A

ZIP Code

1 5 2 1 9 -

Phone Number (area code and number)

4 1 2 - 5 5 3 - 4 5 4 5

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

X

No

☐(Date Changed)
Month Day Year

0

6

2

7

9

1

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Burner - indicate device(s) -
Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - indicate device(s) -
Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
X 7 5 0	X 7 5 1	X 7 5 2	X 7 5 3	X 7 5 4	

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Ewald J. Dollhopf

Name and Official Title (type or print)

Ewald Dollhopf
Respondent Contact

Date Signed

APRIL 07, 1992

XI. Comments

Wastes generated during the securing of this plant site according to NJ DEP may be hazardous under New Jersey regulations. A. P. New Jersey, Inc. became the present owner as a result of an out-of-court settled law suit.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYU.S. ENVIRONMENTAL PROTECTION AGENCY
REGION II
NEW YORK, N.Y.

1986 SEP 11 AM 11:13

PERMITS ADMINISTRATION
BRANCH

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F NJD981559149

T/A C
1

860911

Bergen 003

I. NAME OF INSTALLATION

AMLAND PROPERTIES CORPORATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3700 RIVER ROAD

CITY OR TOWN

EDGEWATER

ST.

ZIP CODE

NJ 07020

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5700 RIVER ROAD

CITY OR TOWN

EDGEWATER

ST.

ZIP CODE

NJ 07020

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

2 DEL BENE GENE OWNER REP.

PHONE NO. (area code & no.)

201-941-4100

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 AMLAND PROPERTIES CORPORATION

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

X002

I.D. - FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 X000	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D004)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (Type or Print)

DATE SIGNED

Gene DelBene
Owner's Representative

9-4-86

EPA Form 8700-12 (6-80) REVERSE

PERMITS ADMINISTRATION
BRANCH

1986 SEP 11 AM 11:13

ENVIRONMENTAL PROTECTION
AGENCY, REGION II
NEW YORK, N.Y.

Provisional Number Questionnaire

1. Name of Facility Requesting ID Number
Amland Properties Corporation
2. Name and Telephone Number of Person Making Request
Gene Del Bene (201) 941-4100
3. Date of Request for Provisional Number
September 4, 1986
4. Time and Date of Episode Causing Emergency
Not on emergency, remedial cleanup.
5. Projected Date all Hazardous Waste Activity Will Be Terminated
June 1987
6. Location of Episode
700 River Road Edgewater, NJ 07020
7. Measures Taken to Control Episode
Product will be removed, packaged and shipped in accordance with all local, state and federal regulations.
8. Description of Episode
Remedial cleanup and building decontamination.
9. List Type and Quantity of Wastes
1,000 cubic yards of PCB contaminated material
10. Name and EPA ID Number of Transporter(s)
SCA Chemical Services, Inc. NJD 089216790
11. Name and EPA ID Number of Treatment, Storage and/or Disposal Facility (If Known)
SCA Chemical Services, Inc. NYD 049836679
12. Provide all Provisional Numbers Previously Assigned (If Any)
None previously assigned
13. Do You Wish to Obtain a Permanent EPA ID Number?
No, one time event.
14. Comments

15. Signature and Date

Gene Del Bene
9.11.86

ENVIRONMENTAL PROTECTION
AGENCY, REGION II
NEW YORK, N.Y.
1986 SEP 11 AM 11:13
PERMITS ADMINISTRATION
BRANCH

Please print or type with ELITE



To avoid delays in processing, please complete all sections.
Only original signature of the Generator is acceptable.

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

97-09-15

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

N J D 9 8 1 5 5 9 1 4 9

II. Name of Installation (Include company and specific site name)

F O R M E R A L C O A P L A N T

III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street

7 0 0 R T V E R R O A D

Street (Continued)

E D G E W A T E R

N J 0 7 0 2 0

City of Town

State

Zip Code

COUNTY CODE

County Name

003

B E R G E N

IV. Installation Mailing Address

Street or P.O. Box

S A M E

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

D A I B E S P E

A M I R J

Job Title

Phone Number (Area Code and Number)

P R O J E C T M A N A G E R 2 0 1 - 8 4 0 - 0 0 5 0

VI. Installation Contact Address

A. Contract Address
Location Mailing Other

B. Street or P.O. Box

X 7 2 5 R I V E R R O A D

City or Town

State

Zip Code

E D G E W A T E R

N J 0 7 0 2 0

VII. Ownership PROPERTY

A. Name of Installation's Legal Owner

N O R T H R I V E R M E W S A S S O C I A T E S L L C

Street, P.O. Box, or Route Number

7 2 5 R I V E R R O A D

City or Town

State

Zip Code

E D G E W A T E R

N J 0 7 0 2 0

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

2 0 1 - 9 4 7 - 3 9 5 0

P

Yes

X

No

0 8 2 5 9 7

From: Jack Hoyt, **DEPP**, EPA, Region 2, 290 Broadway, 22 Fl.
New York, NY 10007-1866. Tel: (212) 637 4106

Egg Airborne Change (owner) Call

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)

- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
 Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

☐

2. Corrosive (D002)

☐

3. Reactive (D003)

☐

4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☒☐☐☐☐☐☐☐☐☐☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

PCB

1
0 0 2
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature ORIGINAL

Amir J. Daibes, P.E.

Name and Official Title (Type or print)

Amir J. Daibes, P.E. Proj. Mgr.

Date Signed

9/11/97

XI. Comments

One time clean-up (i.e. removal) of PCB-contaminated concrete.

PCB's will be picked-up and delivered by Chemical Waste Management, Inc.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)
 to their own TSCA landfill at Model City, New York



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II

JACOB K. JAVITS FEDERAL BUILDING

NEW YORK, NEW YORK 10278

September 8, 1992

Ewald Dollhopf
A P New Jersey Inc
100 Technical Dr
Alcoa Center, PA 15069-0001

RESUBMITTED SEPT 25 1992

Ewald J. Dollhopf

*COMPLETING ALL QUESTIONED
ITEMS.*

Dear Sir/Madam:

The United States Environmental Protection Agency (USEPA), Region II, is returning a copy of your Notification of Regulated Waste Activity (EPA Form 8700-12) for the reason(s) indicated on the enclosed checklist. Please read the marked item(s) carefully and resubmit your form and/or explanation as indicated on the checklist. Re-sign and date your notification form with an original signature in the Certification block before resubmitting.

Please send your documentation and the enclosed checklist to the following address as soon as possible:

**USEPA - REGION II
PERMITS ADMINISTRATION BRANCH
26 FEDERAL PLAZA, ROOM 505
NEW YORK, NEW YORK 10278
TELEPHONE NO. 212-264-2014**

Please note that we cannot process your request until the corrected and/or additional information is provided to us. Thank you for your cooperation.

Sincerely yours,

Laura Livingston

Laura J. Livingston, Chief
Permits Administration Branch

Enclosures

DATE:

9-4-92

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

CHECKLIST OF REASONS
NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12
CANNOT BE PROCESSED

Facility Name:

A P New Jersey Inc

- 1) ☐ Name of Installation is incomplete.
- 2) ☒ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- 3) ☐ Installation Mailing Address is incomplete.
- 4) ☐ Ownership information is incomplete.
- 5) ☐ Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete.
- 6) ☐ Certification is insufficient.
Please provide an original signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.
- 7) ☐ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- 8) ☐ Installation Contact Address is Incomplete.
- 9) ☐ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
- 10) ☐ There is an existing EPA Identification Number for the stated installation at the location address you have specified.
To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.
- 11) ☐ You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes.
- 12) ☐ Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

13) ✓

Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. The facility name is _____

Amiland Properties Corp

Please indicate your facility's relationship to the above named company in the appropriate space(s) below.

 The above named facility is in the same building/complex.
Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

 The above named facility is the current owner of the property.
List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

X The above named facility is the previous owner of the property or prior business.

List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

 The above named facility is the previous operator at this location.

 Other. Please explain. _____

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

September 8, 1992

Ewald Dollhopf
A P New Jersey Inc
100 Technical Dr
Alcoa Center, PA 15069-0001

Dear Sir/Madam:

The United States Environmental Protection Agency (USEPA), Region II, is returning a copy of your Notification of Regulated Waste Activity (EPA Form 8700-12) for the reason(s) indicated on the enclosed checklist. Please read the marked item(s) carefully and resubmit your form and/or explanation as indicated on the checklist. Re-sign and date your notification form with an original signature in the Certification block before resubmitting.

Please send your documentation and the enclosed checklist to the following address as soon as possible:

USEPA - REGION II
PERMITS ADMINISTRATION BRANCH
26 FEDERAL PLAZA, ROOM 505
NEW YORK, NEW YORK 10278
TELEPHONE NO. 212-264-2014

Please note that we cannot process your request until the corrected and/or additional information is provided to us. Thank you for your cooperation.

Sincerely yours,

Laura J. Livingston, Chief
Permits Administration Branch

Enclosures

20PM-PA:Lopez:lc:September 8, 1992 CONCURRENCES

SYMBOL= >	20PM-PA									
SURNAME= >	Livingston									
DATE= >	9/9/92									

DATE:

9-4-92

PLEASE NOTE YOUR CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL, AND YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND DATED IN THE CERTIFICATION BLOCK.

**CHECKLIST OF REASONS
NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12
CANNOT BE PROCESSED**

Facility Name:

A P New Jersey Inc

- 1) ☐ Name of Installation is incomplete.
- 2) ☒ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- 3) ☐ Installation Mailing Address is incomplete.
- 4) ☐ Ownership information is incomplete.
- 5) ☐ Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete.
- 6) ☐ Certification is insufficient.
Please provide an original signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.
- 7) ☐ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- 8) ☐ Installation Contact Address is Incomplete.
- 9) ☐ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
- 10) ☐ There is an existing EPA Identification Number for the stated installation at the location address you have specified.
To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.
- 11) ☐ You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes.
- 12) ☐ Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

13) ☒

Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. The facility name is _____

Amiland Properties Corp
Please indicate your facility's relationship to the above named company in the appropriate space(s) below.

____ The above named facility is in the same building/complex.
Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

____ The above named facility is the current owner of the property.
List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

____ The above named facility is the previous owner of the property or prior business.
List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

____ The above named facility is the previous operator at this location.

____ Other. Please explain. _____

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

92 APR 13 PM 12:37

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)☒**A. First Notification**☐**B. Subsequent Notification**
(complete item C)**C. Installation's EPA ID Number****II. Name of Installation (Include company and specific site name)**

A P N E W J E R S E Y I N C

III. Location of Installation (Physical address not P.O. Box or Route Number)**Street**

7 0 0 R I V E R R O A D

Street (continued)**City or Town**

E D G E W A T E R

State

N J

ZIP Code

0 7 0 2 0 -

County Code**County Name**

B E R G E N

IV. Installation Mailing Address (See instructions)**Street or P.O. Box**

S A M E

City or Town**State****ZIP Code****V. Installation Contact (Person to be contacted regarding waste activities at site)****Name (last)**

D O L L H O P F

(first)

E W A L D

Job Title

R E S P O N D E N T C O N T A C T

Phone Number (area code and number)

4 1 2 - 3 3 7 - 4 5 9 4

VI. Installation Contact Address (See instructions)**A. Contact Address**
Location Mailing☐☒**B. Street or P.O. Box**

1 0 0 T E C H N I C A L D R I V E

City or Town

A L C O A C E N T E R

State

P A

ZIP Code

1 5 0 6 9 - 0 0 0 1

VII. Ownership (See instructions)**A. Name of Installation's Legal Owner**

A P N E W J E R S E Y I N C

Street, P.O. Box, or Route Number

1 5 0 1 A L C O A B U I L D I N G

City or Town

P I T T S B U R G H

State

P A

ZIP Code

1 5 2 1 9 -

Phone Number (area code and number)

4 1 2 - 5 5 3 - 4 5 4 5

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

X

(Date Changed)

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. EP Toxic (D000) ☐
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
-

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	8	9	10	11	12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
X 7 5 0	X 7 5 1	X 7 5 2	X 7 5 3	X 7 5 4	<input type="text"/>

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Ewald J. Dollhopf

Name and Official Title (type or print)

Ewald Dollhopf
Respondent Contact

Date Signed

APRIL 07, 1992

XI. Comments

Wastes generated during the securing of this plant site according to NJ DEP may be hazardous under New Jersey regulations.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

A. P. NEW JERSEY, INC.
1501 ALCOA BUILDING
PITTSBURGH, PENNSYLVANIA 15219

92 APR 13 PM 12:37
PERMITS ADMINISTRATION
BRANCH

1992 April 07

Need Permanent #

U.S. EPA - REGION II
Permits Administration Branch
26 Federal Plaza, Room 505
New York, N.Y. 10278

Attention: Permits Administrator

RE: A.P. New Jersey, Inc.
700 River Road
Edgewater, N.J. 07020
EPA ID NUMBER

This is a request for an EPA ID number for the captioned site. A provisional EPS number is requested via the N.J. DEP concurrently. The original completed form is enclosed along with the provisional ID forms for your information.

Very truly yours,



Ewald J. Dollhopf, III
Resident Contact

cc: G.J. Crouth - Pittsburgh, AB 19
R. Steinhagen - Case Manager, N.J. DEP

A. P. NEW JERSEY, INC.
1501 ALCOA BUILDING
PITTSBURGH, PENNSYLVANIA 15219

INFORMATIONAL

1992 April 07

New Jersey Department of Environmental Protection
401 E. State Street - 5th Floor, CN028
Trenton, N.J. 08625


Attention: Ms. B. Bonfonti, Manifest Section

RE: A.P. NEW JERSEY, INC.
700 RIVER ROAD
EDGEWATER, NJ 07020
PROVISIONAL EPA ID NUMBER

This is a request for a provisional EPA ID number for the captioned facility. Attached are two pages of the necessary NJC Temporary # Request Form and an informational copy (two faxed pages of a two sided original) of the completed EPA Notification of Regulated Waste Activity Form. I will mail the original request to you for your files, please do not duplicate.

Please process this request in your efficient manner.

Very truly yours,



Ewald J. Dollhopf, III
Resident Contact



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT

LANCE R. MILLER, DIRECTOR

CN 028

Trenton, N.J. 08625-0028

(609) 633-1408

Fax # (609) 633-1454

**NJC Temporary # Request
Form**

INFORMATIONAL

Please complete all of the following information. An incomplete application will not be processed.

1. Generator Name A.P. New Jersey, Inc.
 Street Address 700 River Road
 City Edgewater / State New Jersey
 Zip 07020 / County Bergen
 Contact Name Ewald J. Dollhopf III
 Phone # 412/337-4594

2. Site Address of
 Waste Not applicable
 (if different from above)
 City _____ / State _____
 Zip _____ / County _____

(If Available)
 Latitude _____ Longitude _____ Block# _____ Lot# _____

3. Requested by (if agent for)
 Company Name Not applicable
 Street Address _____
 City _____ / State _____
 Zip _____ / Phone# _____
 Contact _____

INTERNATIONAL

4. Give a brief Description why NJC# is required (ie; Spill, Tank Removal etc...)-:

To dispose of wastes generated during the securing of this plant
site according to NJ DEP ACO

5. Waste Description: oils, washwater potentially contaminated with PCB, sludges

6. Waste Code(s): X750, X751, X752, X753, X754

7. Quantity (approx): 100 gallons or less

8. Has the cleanup/episode been reported to one or more of the following?

DHWM No if yes, - Case # assigned: _____

ECRA No if yes, - Case # assigned: _____

DEP Hotline No if yes, - Case # assigned: _____

U.S.T. No if yes, - Case # assigned: _____

Other: No

9. Transporter Name and EPA ID. No#: To be chosen

10. Facility (TSDF) Name and EPA ID. No#: To be chosen

11. Requestors Name (print) Ewald Dollhopf

Signature Ewald J. Dollhopf

Date APRIL 07, 1992

FOR DEP USE ONLY

NJC# issued _____

Date _____

Enforcement Referral Date _____


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*****
*                               RCRIS: Notification View Screen 2 of 5                               *
*****
*EPA Id: NJD981559149      Other Id:                               Merge Send: Y                      *
*Date Received(MMDDYYYY):  091186      Source( N/E/S  N Non-Notifier Flag:                *
*Date Acknowledged (MMDDYYYY):                               Send Acknowledgement:          *
*Name of Installation:  AMLAND PROPERTIES CORPORATION                                *
*                               Installation Location Address                                *
*Streets:  700 RIVER ROAD                                                    *
*City:      EDGEWATER                               State:  NJ      Zip:  07020                *
*County Code:  003      County Name:  BERGEN                                                    *
*                               Installation Mailing Address                                *
*Streets:  700 RIVER ROAD                                                    *
*City:      EDGEWATER                               State:  NJ      Zip:  07020                *
*                               Contact Information                                          *
*   Last Name      First Name      Title      Phone      Address(M,L,O)*
* DELBENE          GENE            2019414100      L
*Streets:  700 RIVER ROAD                                                    *
*City:      EDGEWATER                               State:  NJ      Zip:  07020                *
*Land Type:
*****
* Enter-Continue      F1-Previous Scr      F2-Cancel      F3-Exit      *
*****
```

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*****
*                               RCRIS: Notification View Screen 3 of 5                               *
*****
* EPA Id:  NJD981559149      Other Id:                               Source:  N                      *
*                               *
* Owner Sequence Number:      1                                              *
* Ownership:  AMLAND PROPERTIES CORPORATION                                Type of Owner:  P
*
*                               Address of Owner/Operator                                *
*
*   Street:  NOT REQUIRED                                                    *
*   City:    NOT REQUIRED                               State:  WY  Zip Code      99999                *
*   Phone:   2125551212                                                    *
*
* Current/Previous Indicator:  CO  Change Date(MMDDYY):
*
*
*****
* Enter-Continue      F1-Previous Scr      F2-Cancel      F3-Exit      F5-Curr. Owner  *
* F6-Prev. Owner      F8-Help              F9-First       F10-Next      *
*****
```